

SOCIAL SECURITY--DISABILITY DETERMINATION SERVICES
CHILD MENTAL EVALUATION GUIDELINES

General Format:

The report should be submitted in a narrative form. **This guideline should be followed during the consultative exam to assure that all areas are covered in your report.**

1. **Chief Complaint(s):**

The **chief complaint(s)** alleged as a reason for disability. Include in this section, information about how the disability has affected the child's:

- a. Functional abilities and activities,
- b. Symptom frequency and severity
- c. Effects on daily activities and emotional functioning.

2. **History of Past and Present Illness:**

This section of the examination report should describe and discuss:

a. Brief summary or list of background material/medical records reviewed

b. Psychiatric History

- ✓ In & Out-patient treatment
- ✓ Current treating sources and effectiveness of treatment/medication.
- ✓ Self-destructive behavior or other directed aggression

c. Past and Current Drug and Alcohol Use

d. Medical History

e. Social and Family History

- ✓ Chief caretakers/guardians; dysfunctional family situation; emotional problems of family members
- ✓ History of trauma, abuse or neglect; substance abuse in the home; behavior problems

f. Brief Work History, if applicable

g. Education

h. Medication (include when last taken)

3. **Mental Status:**

A description of the child's interaction with his/her caretaker and the examiner should be noted and examples of behavior should be given. Information requested should be tailored according to child's age. Include in this section:

a. General Appearance

- ✓ Well groomed or unkempt? What is the child wearing? Are clothes appropriate for weather and situation?
- ✓ Gait, station, abnormal motor movements
- ✓ Evidence of psychomotor agitation or retardation? Give examples.

b. Attitude and General Behavior

- ✓ Is the child cooperative, irritable, belligerent etc.?
- ✓ Social relatedness, eye contact

c. Mood and Affect

- ✓ Describe and give examples.

d. Content of Thought

- ✓ Are there delusions, hallucinations, paranoid ideation's, obsessions? Imaginary friends?
- ✓ Is the child suicidal? Homicidal? What leads you to this conclusion?

e. Speech

- ✓ Expressive and Receptive language; complexity, age appropriate?
- ✓ Articulation. What percentage of speech is intelligible?
- ✓ Hearing or listening problems

f. Orientation

g. Memory

- ✓ Remote, recent and immediate. Give examples.

h. Fund of Knowledge

i. Concentration

- ✓ Serial 7's or 3's? Give claimant's response.
- ✓ Follow a two or three step command?
- ✓ Difficulty following conversation. Give examples.
- ✓ Distractibility
- ✓ Length of attention to specific tasks in the interview.

j. Judgement

4. Functional Information/Adaptive Behavior:

a. Activities of Daily Living

- ✓ Give complete description of child's daily activities.
- ✓ Comment on self-care routines, activities, interests, ability to do household chores. Give examples.
- ✓ Does the claimant need assistance with activities? Give examples.

b. Social Functioning

- ✓ Ability to get along with family, peers, teachers, other adults, and authority figures?
- ✓ Church groups, clubs, sports, extra-curricular activities?
- ✓ Attend church or other events regularly?

c. Concentration, Persistence and Pace

- ✓ Can they concentrate to read a book, work at hobbies, play on the computer, do homework etc? Give examples of hobbies or interest and how long they can sustain activity.
- ✓ Finish ADLs in a timely manner?

5. Diagnosis (DSM-IV)

Axis I-V

Include a discussion of which finding and observations led to this diagnosis.

6. Prognosis

Note probable duration and expected results of current treatment.

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As a consultative examiner for Disability Determinations Services, you are not responsible for making the determination of disability for Social Security disability or Supplemental Security Income claims. However, the information that you provide in your report is very important to the decision making process. The list above specifies the information that we are seeking when we request a child mental evaluation. We ask that the report be as descriptive and detailed as possible. Quantitative findings are more helpful to us than general statements. For example, instead of saying "child was restless," a more descriptive statement would be "the child could not sit in his chair for more than 5 minutes. He was up and down, pacing the room and playing with anything he could get his hands on." When reporting daily activities, it is more useful to us to have concrete examples of the child's activities than vague reports about his or her function. A statement regarding ADLs such as "The child needs assistance in performing ADLs" is much less useful for our purposes than a description such as "The child's mother prompts the claimant to dress and bathe daily. She often must remind him five or six times before he does it. He has a set of chores he is responsible for, like taking out the trash and emptying the dishwasher, but he rarely does them without mother standing over his shoulder." Reports that include this high level of detail assist us in determining the child's functional ability.

COMPLEX CHILD PSYCHOLOGICAL ASSESSMENT

PREFERRED TEST LIST

****90617 Complex Child Assessment includes up to 3 tests as specified on voucher (maximum 4 hours). If no instructions on voucher, do one test from each category listed below, or call to clarify.**

- 1. Intellectual Assessment**
- 2. Academic Functioning**
- 3. Adaptive or Behavior Functioning.**

The following are preferred tests, however, other standardized, valid reliable tests may be substituted when appropriate. If you use tests other than those listed on the voucher, please explain in your report why a different test was substituted.

Intellectual Assessment

- ✓ All subtests must be administered.
 - ✓ All scaled subtest scores must be recorded.
 - ✓ Full scale IQ, Verbal and Performance scores must be reported.
- a. McCarthy Scales of Children's Abilities (age 2y 6m to 8y 6m)
 - b. Bayley Scale of Infant Behavior II (age 2m to 3y 6m)
 - c. Wechsler Preschool and Primary Scale of Intelligence, Revised (age 3y to 7y 3m)
 - d. Differential Ability Scale (age 2y 6m to 17y 11m)
 - e. Stanford Binet Intelligence Test IV (age 2y thru adult)
 - f. WISC-III (age 6y thru 15y)
 - g. WAIS-III (age 16y thru adult)

Academic Tests

- a. Wide Range Achievement Tests, Revised or III (Pre-K thru adult)
- b. Wechsler Individual Achievement Test (5y to 19y)
- c. Woodcock-Johnson Psychoeducational Battery-Revised (Pre-K thru adult)

Adaptive and Behavior Rating Scales

- a. Vineland Adaptive Behavior Scales (age birth to 18y)
- b. AAMD Adaptive Behavior Scale (8y to 17y)
- c. Conner Behavior Rating Scale
- d. Behavior Assessment Scale or Children (2y to 16y)
- e. Scales of Independent Behavior Revised (2y to 16y)
- f. Woodcock-Johnson Scales of Independent Behavior (Birth thru adult)
- g. Achenbach Child Behavior Checklist

Other Supplemental Tests

- a. Battelle Developmental Inventory (age birth to 18y 11m)
- b. Wide Range Assessment of Memory and Learning (5y to 17y)
- c. Wechsler Memory Scale – III (16y thru adult)
- d. Peabody Picture Vocabulary Test (2y to 8y)

For applicants who do not communicate effectively in English or who are illiterate, use one of the following culture-free nonverbal tests:

- a. Leiter International Performance Scales (age 2y to 18y)
- b. Raven's Progressive Matrices (age 8y to 65y)